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| POSITION | INITIALS | ID NO. | DATE |
| BEST AVAILABLE COPY | | | |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

Handwritten: AK 931 2/27/01

7-4-93/

INDEX OF CLAIMS

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| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date | Claim | Date | Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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